

**FEC FORM 9  
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

The 60 Plus Association

(b) Address (number and street)

☐ check if different than previously reported

515 King Street, Suite 315

(c) City, State and ZIP Code

Alexandria

VA

22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30001671**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

through

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 1 0**(b) Communication Title**

Betrayed Mitchell

**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Amy Frederick

(b) Address (number and street)

515 King Street, Suite 315

(c) City, State and ZIP Code

Alexandria

VA

22314

(d) Name of Employer or Principal Place of Business

60 Plus Association

(e) Occupation

President

**9. Total Donations This Statement**

.00

**10. Total Disbursements/Obligations This Statement**

397838.18

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Amy Frederick

SIGNATURE Electronically Filed by Amy Frederick

DATE 09/10/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.